

DECLARATION FOR PATENT APPLICATION

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled METHOD OF FORMING MEDICAL DEVICES: INTRAVASCULAR OCCLUSION DEVICES, the specification of which

(check one) _____ is attached hereto.

X was filed on July 8, 1994 as Application Serial No. 08/272425
and was amended on July 20, 1994 (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, § 1.56(a).

I hereby claim foreign priority benefits under Title 35, United States Code, § 119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

Prior Foreign Application(s)

Priority
Claimed

(Number)	(Country)	(Day/Month/Year Filed)	Yes	No
			Yes	No
			Yes	No

I hereby claim the benefit under Title 35, United States Code, § 120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this

application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, § 112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, § 1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

(Application Serial No.)	(Filing Date)	(Status--patented, pending, abandoned)
(Application Serial No.)	(Filing Date)	(Status--patented, pending, abandoned)

I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: James R. Haller, Registration No. 24,906, Gregory P. Kaihoi, Registration No. 30,952, Philip M. Goldman, Registration No. 31,162, Edward S. Hotchkiss, Registration No. 33,904 and David C. West, Registration No. 35,735.

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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full name of sole or first inventor Rudy Mazzocchi
Inventor's signature Rudy Mazzocchi Date 8/24/94
Residence 4930 Wild Canyon Road, Woodbury, MN 55125; 1526 GLENBEIGH CT
Citizenship USA
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Full name of second joint inventor, if any Timothy Claude
Second Inventor's signature Timothy Claude Date 8/24/94
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Full name of third joint inventor, if any James Segermark
Third Inventor's signature James Segermark Date 8/24/94
Residence 3635 BIG FOX RD, GEM LAKE, MN 55710
Citizenship USA
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PATENT AND TRADEMARK OFFICE

13625

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Rudy Mazzocchi et al. Attorney Docket: MVA1001USC1
Serial No.: 08/748,066 Group Art Unit: 3731
[continuation of 08/272,425]
Filed: November 12, 1996 Examiner: Vy Q. Bui
For: METHOD OF FORMING MEDICAL DEVICES:
INTRAVASCULAR OCCLUSION DEVICES

REVOCATION OF FORMER POWERS OF ATTORNEY,
NEW POWER OF ATTORNEY BY ASSIGNEE OF ENTIRE INTEREST,
AND CHANGE OF CORRESPONDENCE ADDRESS

Box Patent Application
NO FEE
Assistant Commissioner for Patents
Washington, D.C. 20231

Dear Sir:

As Assignee of the entire interest of the above-identified U.S. patent application, Microvena Corporation, having a place of business at 1861 Buerkle Road, White Bear Lake, Minnesota, 55110, hereby revokes all powers of attorney previously given and appoints the following as its attorneys to prosecute and transact all business in the U.S. Patent and Trademark Office connected therewith, including the power to receive all documents issued by the U.S. Patent and Trademark Office based thereon, and to pay any and all fees, including maintenance fees for any resulting patent, all such powers to be exercised separately or collectively by:

Certificate of Mailing/Transmission (37 C.F.R. § 1.8(a))

I hereby certify that the document is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on:

Date: 11/9/02

Signature: 

Name: Gina Rust

Revocation of Former Powers of Attorney
Applicant: Rudy Mazzocchi et al.
Serial Number: 08/748,066

Attorney Docket: MVA1001USC1

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Said Assignee requests that all correspondence concerning this application
be sent to:

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Said Assignee also requests that all telephone calls be directed Terry L.
Wiles at (612) 334-8992.

Date: 17 Dec 01

By: Richard S. Kusleika
Richard S. Kusleika
Vice President, Research & Development